

PROVIDER Update



Health Net®

CONTRACTUAL | OCTOBER 24, 2018 | UPDATE 18-797 | 7 PAGES

Prior Authorization Requirement Changes

Refer to pages 2–7 for upcoming changes to prior authorization requirements

Effective January 1, 2019, Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) are implementing changes to the prior authorization requirements, as described in this update.

ONPATTRO™ – FDA NEWLY APPROVED MEDICATION

Onpattro™ (patisirán) lipid complex injection was approved by the U.S. Food and Drug Administration (FDA) on August 10, 2018, as a treatment of peripheral nerve disease (polyneuropathy) caused by hereditary transthyretin-mediated amyloidosis (hATTR) in adult patients. Onpattro requires prior authorization immediately but will not be listed on the prior authorization list until January 1, 2019.

ACCESSING CURRENT REQUIREMENTS AND SUBMITTING REQUESTS

The prior authorization requirements and code checker will be updated online, effective January 1, 2019. Refer to the information in the table below to find current prior authorization requirements and to submit requests.

| Product lines | Website instructions |
|--|--|
| <ul style="list-style-type: none"> Employer group Medicare Advantage (MA) HMO Employer group HMO, PPO, EPO Point of Service (POS) Medi-Cal | <p>Provider.healthnet.com</p> <p>Pre-log in – Go to <i>Working with Health Net > Policies for Non-Contracting Providers > Additional Resources > Services Requiring Prior Authorization</i></p> <p>Post log in – Go to <i>Working with Health Net > Contractual > Services Requiring Prior Authorization</i></p> |
| Individual MA HMO and Special Needs Plan (SNP) | <p>Go to ca.healthnetadvantage.com > <i>I'm A Provider > Medicare</i>. Answer a few questions, then enter the service code to check whether a service requires prior authorization</p> <p>If the code requires prior authorization, you will be prompted to log in to provider.healthnetcalifornia.com to submit an authorization request</p> |
| <ul style="list-style-type: none"> IFP CommunityCare HMO IFP PureCare HSP PPO Individual and Family IFP EnhancedCare PPO IFP PureCare One EPO | <p>Go to ifp.healthnetcalifornia.com > <i>For Providers</i>. Answer a few questions, then enter the service code to check whether a service requires prior authorization</p> <p>If the code requires prior authorization, you will be prompted to log in to provider.healthnetcalifornia.com to submit an authorization request</p> |

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

EnhancedCare PPO (IFP)

1-844-463-8188

provider.healthnetcalifornia.com

EnhancedCare PPO (SBG)

1-844-463-8188

provider.healthnet.com

Health Net Employer Group HMO, POS, HSP, PPO, & EPO

1-800-641-7761

provider.healthnet.com

IFP – CommunityCare HMO, PPO, PureCare HSP, PureCare One EPO

1-888-926-2164

provider.healthnetcalifornia.com

Medicare (individual)

1-800-929-9224

provider.healthnetcalifornia.com

Medicare (employer group)

1-800-929-9224

provider.healthnet.com

Medi-Cal – 1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

healthnet.com

fax 1-800-937-6086

MEDI-CAL FEE-FOR-SERVICE CHANGES

Effective January 1, 2019, the prior authorization requirements for Health Net's Medi-Cal fee-for-service (FFS) providers are changing, as described in the table below. "New" indicates new requirement and "Existing" indicates current requirement.

| Requirement | Comments | Adult members ages 21 and over | Pediatric members under age 21 |
|--|---|--------------------------------|--------------------------------|
| ADDITIONS, EFFECTIVE JANUARY 1, 2019 | | | |
| Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies | | New | New |
| Clinical trials | | New | New |
| Community-Based Adult Services (CBAS) | Prior authorization is now required for greater than 5 visits per week CBAS services with 1-5 visits per week require notification only Fax authorization and notifications to 1-866-581-0540 | New | New |
| Custom orthotics | | New | Existing |
| Durable medical equipment (DME) | Power wheelchair repairs | New | Existing |
| Experimental/investigational services and new technologies | | New | Existing |
| Genetic testing | | Existing | New |
| Joint replacement | | New | New |
| Lung volume reduction | | New | New |
| Maze procedures | | New | New |
| Orthognathic procedures (includes TMJ treatment) | | New | New |
| Quantitative drug screening | | New | New |
| Uvulopalatopharyngoplasty (UPPP) and laser-assisted UPPP | | New | New |
| Ventriculectomy, cardiomyoplasty | | New | New |
| Adcetris, [®] Bendeka, [®] Crystvita, [®] Darzalex, [®] Elaprase, [®] Eligard, [®] (for non-oncology indications only) Fasentra, [™] Granix, [®] Herceptin, [®] Keytruda, [®] Lupron Depot-Ped, [®] Mepsevii, [™] Oncaspar, [®] Opdivo, [®] Prolia, [®] Reclast, [®] Sandostatin [®] LAR Kit, Vimizim, [®] Viscosupplementation agents, Xgeva, [®] Xiaflex, [®] Yervoy, [®] Zemplar, [®] Zometa [®] | Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Benefit</i>) | New | New |

| Requirement | Comments | Adult members ages 21 and over | Pediatric members under age 21 |
|--|---|--------------------------------|--------------------------------|
| CHANGES, EFFECTIVE JANUARY 1, 2019 | | | |
| Reconstructive and cosmetic surgery, services and supplies | <p>The following are now under <i>Reconstructive and cosmetic surgery, services and supplies</i>.</p> <p>New and existing procedures and supplies requiring prior authorization include, but not limited to:</p> <ul style="list-style-type: none"> • Bone alterations or reshaping, such as osteoplasty (new) • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) (existing) • Dermatology, such as chemical exfoliation and electrolysis, dermabrasions and chemical peels, laser treatment or skin injections, and implants (existing) • Excision, excessive skin and subcutaneous tissue (includes lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas (existing) • Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty) (brow ptosis and canthoplasty are new) • Muscle flap (new) • Nasal surgery, such as rhinoplasty or septoplasty (existing) • Otoplasty (existing) • Penile implant (existing) • Treatment of varicose veins (existing) | Change | Change |
| Enteral nutrition products | <p>Formerly formulas, therapeutic and supplemental</p> <p>New requirement for adult members ages 21 and over</p> | New | Existing |
| General anesthesia for dental services | <p>Category change only – formerly called <i>Physician-administered intravenous (IV) sedation/general anesthesia for dental services</i></p> | Existing | Existing |

CENTENE CORPORATION EMPLOYEE PPO SERVICES CHANGES

Effective January 1, 2019, the prior authorization requirements for Centene Corporation Employee PPO medical benefits plans are changing, as described in the table below.

| Requirement | Comments |
|--|--|
| ADDITIONS, EFFECTIVE JANUARY 1, 2019 | |
| Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies | |
| Crysvita, [®] Elaprase, [®] Fasenra, [™] Sublocade, [™] Trogarzo, [™] Mepsevii, [™] Vimizim [®] | Listed under Outpatient Pharmaceuticals (<i>Submitted under Medical Plan</i>) |
| CHANGES, EFFECTIVE JANUARY 1, 2019 | |
| Reconstructive and cosmetic surgery, services and supplies | <p>The following are now under category <i>Reconstructive and cosmetic surgery, services and supplies</i>. New and existing procedures and supplies requiring prior authorization include, but not limited to:</p> <ul style="list-style-type: none"> • Bone alteration or reshaping, such as osteoplasty (new) • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) (existing) • Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate (existing) • Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas (existing) • Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty (canthoplasty is new) • Gynecologic or urology procedures, such as clitoroplasty, labioplasty, vaginal rejuvenation, scrotoplasty, testicular prosthesis, and vulvectomy (new) • Hair electrolysis, transplantation or laser removal (hair transplant is new) • Lift, such as arm, body, face, neck, thigh (new) • Liposuction (existing) • Nasal surgery, such as rhinoplasty or septoplasty (existing) • Otoplasty (existing) • Treatment of varicose veins (existing) • Vermilionectomy with mucosal advancement (existing) |
| DELETIONS, EFFECTIVE JANUARY 1, 2019 | |
| Chondrocyte implants | Removed |
| Outpatient behavioral health and substance abuse services | Removed |

COMMERCIAL AND MEDICARE PRIOR AUTHORIZATION REQUIREMENTS CHANGES

The table below indicates additions, changes and deletions to prior authorization requirements, effective January 1, 2019. Select lines of business have been abbreviated as follows: CommunityCare HMO is CC; CommunityCare HMO PPGs is CC PPGs; POS Tiers 1, 2 and 3 are POS T1, POS T2 and POS T3; out-of-state PPO is OOS PPO. "New" indicates new requirements, "Existing" indicates current requirement and "N/A" indicates not applicable. Application of authorization requirement changes to EPO, PPO, OOS PPO, and Flex Net are based on group renewal date. Contact Health Net to confirm whether specific services require prior authorization for group plans.

| Requirement | Comments | Line of business | | | | |
|-------------|----------|-------------------------|------------|-------------------|-----------------------------------|--------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |

ADDITIONS, EFFECTIVE JANUARY 1, 2019

| | | | | | | |
|--|---|----------|----------|----------|----------|-----|
| Ablative techniques for treating Barrett's esophagus, and for treatment of primary and metastatic liver malignancies | | New | New | New | New | New |
| Crysvita, [®] Elaprase, [®] Fasenra, [™] Mepsevii, [™] Sublocade, [™] Trogarzo, [™] Vimizim [®] | Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan) | New | New | New | New | New |
| Aranesp, [®] Eylea, [®] Lucentis, [®] Macugen, [®] Mircerca, [®] Visudyne, [®] Zilretta [™] | Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan) | Existing | Existing | Existing | Existing | New |
| Cimzia [®] | Listed under Outpatient Pharmaceuticals (Submitted under Medical Plan) | N/A | N/A | N/A | N/A | New |

CHANGES, EFFECTIVE JANUARY 1, 2019

| | | | | | | |
|---|--|------------------|------------------|------------------|------------------|-----|
| Reconstructive and cosmetic surgery, services and supplies – Commercial | The following are now under category <i>Reconstructive and cosmetic surgery, services and supplies – Commercial</i> . New and existing procedures and supplies requiring prior authorization include, but not limited to: <ul style="list-style-type: none"> Gynecologic or urology procedures, such as clitoroplasty, labioplasty, vaginal rejuvenation, scrotoplasty, testicular prosthesis, and vulvectomy (new) Vermilionectomy with mucosal advancement (existing) | Existing and New | Existing and New | Existing and New | Existing and New | N/A |
|---|--|------------------|------------------|------------------|------------------|-----|

| Requirement | Comments | Line of business | | | | |
|---|---|-------------------------|------------------|-------------------|-----------------------------------|------------------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| CHANGES, EFFECTIVE JANUARY 1, 2019, CONTINUED | | | | | | |
| Reconstructive and cosmetic surgery services and supplies – Commercial and Medicare | <p>The following are now under category <i>Reconstructive and cosmetic surgery, services and supplies – Commercial and Medicare</i></p> <p>New and existing procedures and supplies requiring prior authorization include, but not limited to:</p> <ul style="list-style-type: none"> • Bone alteration or reshaping, such as osteoplasty (new) • Breast reduction and augmentation except when following a mastectomy (includes for gynecomastia or macromastia) (existing) • Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures. Cleft palate includes cleft palate, cleft lip or other craniofacial anomalies associated with cleft palate (existing) • Excision, excessive skin and subcutaneous tissue (including lipectomy and panniculectomy) of the abdomen, thighs, hips, legs, buttocks, forearms, arms, hands, submental fat pad, and other areas (existing) • Eye or brow procedures, such as blepharoplasty, brow ptosis or canthoplasty (canthoplasty is new) • Hair electrolysis, transplantation or laser removal (transplantation is new) • Lift such as arm, body, face, neck, and thigh (new) | Existing and New | Existing and New | Existing and New | Existing and New | Existing and New |

| Requirement | Comments | Line of business | | | | |
|--|---|-------------------------|------------------|-------------------|-----------------------------------|------------------|
| | | HMO, CC, HSP, POS T1 | CC PPGs | POS T2, POS T3 | EPO, PPO, OOS PPO, Flex Net | MA HMO |
| CHANGES, EFFECTIVE JANUARY 1, 2019, CONTINUED | | | | | | |
| Reconstructive and cosmetic surgery services and supplies – Commercial and Medicare, continued | <ul style="list-style-type: none"> • Liposuction (existing) • Nasal surgery, such as rhinoplasty or septoplasty (existing) • Otoplasty (existing) • Penile implant (existing) • Treatment of varicose veins (existing) | Existing and New | Existing and New | Existing and New | Existing and New | Existing and New |
| DELETIONS, EFFECTIVE JANUARY 1, 2019 | | | | | | |
| Chondrocyte implants | | Removed | Removed | Removed | Removed | Removed |
| Outpatient behavioral health | <ul style="list-style-type: none"> • Outpatient psychological testing • Electroconvulsive therapy • Neuropsych testing • Transcranial magnetic stimulation | N/A | N/A | N/A | Removed | N/A |